

FAX ONLY: (916) 255-1349

OFFICE OF INTERNAL AFFAIRS CCW CLEARANCE REPORT

To: Agent in Charge

The following named employee, _____, has requested a Carry Concealed Weapon (CCW) authorization from the California Department of Corrections and Rehabilitation pursuant to Penal Code Section 12027 upon retirement.

Pursuant to the Departmental Operations Manual, in order to effectively evaluate this request for issuance, I need to know if the retiree has any adverse personnel action **pending**, or has any violation of a state or federal criminal statute, including a pending charge, which could result in the retiree's arrest, or, if an active officer, his/her suspension or dismissal from the California Department of Corrections and Rehabilitation.

Document the results of your search at the bottom of this form and FAX the results to my attention at _____ within the required two business days. If the results are "not clear" please state the reason at the bottom of this form.

If you have any questions or need additional information, I can be reached at _____.

Institution Personnel Officer/Regional Parole
Personnel Liaison/Chief, Personnel Services Section

Date

Clear

Special Agent-In-Charge

Date

Not Clear

Special Agent-In-Charge

Date

Reason for
"Not Clear": _____

